

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE  
INDEPENDENCE NATIONAL HISTORICAL PARK  
313 WALNUT STREET  
PHILADELPHIA, PA 19106

APPLICATION/PERMIT - FILMING AND PHOTOGRAPHY

INSTRUCTIONS: Type/print in black ink the information requested in items 1-8. If a section or sections do not apply, insert N/A. If the space provided is insufficient, attach supplemental sheet(s) bearing the item number. After completing all items, sign and date the certification in item 9 and return this application along with a check or money order for the application charge of \$50.00. Make the check/money order payable to Independence National Historical Park, and forward to: Independence National Historical Park, 313 Walnut Street, Philadelphia, PA, 19106, Attn: Special Events Office.

Please allow a minimum of 72 hours for processing your permit application. The Special Events Office, (215) 597-9205, Fax: (215) 597-0042 is open from 8:30 a.m. to 4:30 p.m. Tuesday through Saturday. We will contact you if further information is necessary or if your application cannot be approved as requested. Upon approval of your application, a copy of your approved application/permit, and the terms and conditions of the permit will be returned to you. After you receive this confirmation, it will be your responsibility to contact the Special Events Office if any change occurs. The approved application/permit and conditions of the permit must be in your possession at all times while on park property during the filming activity.

1. APPLICANT Name: \_\_\_\_\_ 2. ORGANIZATION Name: \_\_\_\_\_  
Street/Address: \_\_\_\_\_ Street/Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_  
Phone No.: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_  
Fax No: ( ) \_\_\_\_\_ Mobile No: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. TYPE OF FILMING ACTIVITY

Describe the nature (still photographs, videotape, etc.) and scope of your filming activity: \_\_\_\_\_

DATE, TIME, AND LOCATION:

A. List the exact date(s) and time(s) and the specific park buildings, grounds, or facilities requested for your filming activity. Include setup and breakdown times in each request. Indicate exterior and/or specific interior location(s) requested:

Date(s) (Month/Day/Year):	Time(s):	Location(s):
_____	from _____ (am/pm) to _____ (am/pm)	_____
_____	from _____ (am/pm) to _____ (am/pm)	_____
_____	from _____ (am/pm) to _____ (am/pm)	_____
_____	from _____ (am/pm) to _____ (am/pm)	_____

B. If you plan to film building interiors, do you anticipate the need to move antique furnishings or artifacts? Yes \_\_\_\_ No \_\_\_\_

Note: Furnishings and artifacts may only be touched or moved by a park museum curator.

YOUR PERSONNEL

A. Name of the person who will be in charge of the filming on-site: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Note: The person named here shall be the one who has full authority to make any on-site decisions about the filming activity.

B. How many members in your crew? \_\_\_\_\_

C. Will your filming involve talent or actors? Yes \_\_\_\_ No \_\_\_\_

D. Will you be doing voice takes? Yes \_\_\_\_ No \_\_\_\_

E. Will you have props or sets? Yes \_\_\_\_ No \_\_\_\_

(continued)

6. YOUR EQUIPMENT

A. Describe the type and quantity of equipment you anticipate using: \_\_\_\_\_

B. Will you have support vehicles? Yes \_\_\_\_\_ No \_\_\_\_\_

Note: Arrangements for street parking may be made through the Philadelphia Film Office, (215) 686-2668, at least 3 days before your filming.

7. ELECTRICAL NEEDS

A. Provide the name and phone number of your electrician. Name: \_\_\_\_\_ Phone No.:( ) \_\_\_\_\_

B. Describe your electrical power requirements: \_\_\_\_\_

C. Will you have support vehicles which will require power or will be connected by cable to the filming location? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the type of hook-up required: \_\_\_\_\_

8. YOUR BILLING ADDRESS

You may be required to post a bond or cash deposit in an amount adequate to cover costs such as restoration, rehabilitation, and cleanup of the area(s) used, and other costs resulting from your filming activity.

You may be required to carry a general liability insurance policy in which the National Park Service is named coinsured in an amount sufficient to protect the National Park Service, and submit a copy of that insurance policy to the park.

You will be billed for costs incurred by the National Park Service as a result of your filming (including, but not limited, to personnel costs, utilities, damages, etc.). Provide the exact name of the organization and/or individual and the address to which you would like the bill sent:

Firm/Name: \_\_\_\_\_ Attention: \_\_\_\_\_

Street/Address: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ \*Tax ID/ Social Security No: \_\_\_\_\_

\* Information to be provided for billing purposes only.

Privacy Act Notice: The authority for the NPS to recover and retain costs associated with managing special use permits is found in 16 U.S.C. 3a. The Social Security Number and/or Federal Tax ID number requested on this permit application will be used for billing and collection purposes. Providing your Social Security Number or any other information is voluntary. However, failure to do so may delay processing or cause the permit to be declined. The Permittee may choose to pay a cash deposit in lieu of being billed in which case the SSN / Tax ID Number will not be required.

9. CERTIFICATION

In submitting this application, the applicant by his or her signature certifies that:

A. All the information given is complete and correct, and that no false or misleading information or false statements have been given,

B. All estimates are reliable to the best of his or her knowledge and belief as of the date of this application, and

C. All the attached terms and conditions have been read, are understood, and will be complied with fully.

NOTICE: Giving false information or making false statements, in connection with this permit application, is a violation of 36 CFR §2.32[a](3)(ii) and 18 USC §1001 respectively. Violations will be a basis for denial or revocation of a permit and may result in criminal prosecution.

Signature of Permittee (Do not print) \_\_\_\_\_ Date \_\_\_\_\_

PERMIT - FILMING AND PHOTOGRAPHY

As Authorized by Title 36, Code of Federal Regulations, Chapter 1, Section §5.5 (a) and §5.5 (b), the individual, group, or organization is hereby granted permission to film or photograph subject to the terms and conditions of this permit.

General PERMIT CONDITIONS - See Attached Pages. Specific Terms, Conditions, or Limitations Applicable to this Permit:

APPROVED BY: \_\_\_\_\_  
Signature of Park Representative Title Date

PARK USE ONLY: (Distribution) R&VP: \_\_\_\_\_ I&VS: EAST \_\_\_\_\_ WEST \_\_\_\_\_ TS \_\_\_\_\_ CRM: \_\_\_\_\_ MAINT: \_\_\_\_\_ OTHER: \_\_\_\_\_

PERMITTEE: Mailed / Faxed / Received \_\_\_\_\_ Application Charge Paid: \_\_\_\_\_ Date: \_\_\_\_\_

CR: Exempt: \_\_\_\_\_ Waived: \_\_\_\_\_ Applied \_\_\_\_\_